

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/09/03.

I. DISPUTE

Whether there should be reimbursement for dates of service 03/25/03 through 06/09/03.

II. FINDINGS

Per the New Table of Disputed Services, the only dates of service left in dispute are 03/27/03, 03/28/03 and 04/23/03 all other dates of service have been paid.

III. RATIONALE

Carrier denied all services for the dates of services in dispute as "E-Entitlement to Benefits." A BRC and CCH were held and both ruled in favor of the claimant. Therefore, services will be reviewed per the MFG.

Requestor billed \$108.00 for CPT code 95851 carrier made no payment and denied services global for date of service 03/27/03. Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is considered global when performed on the same date as an office visit.

Therefore, reimbursement is not recommended for the date of service 03/27/03.

HCPCs code A4558, requestor billed \$18.00 and the carrier reimbursed \$6.41 leaving \$11.59 in dispute. No other denials were noted and services will be reviewed per the MFG. Relevant information indicates services were delivered and billed according to the MFG. Therefore, additional reimbursement is recommended in the amount of **\$11.59**. Relevant information submitted by the requestor indicates that the services delivered to the injured worker were to the compensable injury. Therefore, reimbursement is recommended for CPT code 99213 at \$48.00 per MAR, CPT code 97265 at \$43.00 per body area, 97250 at \$43.00 per body area, 97122 \$35.00 for 15 minutes. Total reimbursement is **\$169.00**.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one."

Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no reimbursement is recommended for the dates of service 04/23/03 and 04/24/03.

IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97265, 99213, 97250, A4558 and 97122. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$180.59** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 18th day of May 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb